


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000032135

1. Entity Name
DOCPTA MEDICAL CLINIC, INC.



Principal Place of Business 5870 SW 8 ST #7 MIAMI, FL 33144 US	Mailing Address 5870 SW 8 ST #7 MIAMI, FL 33144 US
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 71-0940148	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MEDINA, PEDRO
5870 SW 8 ST #7
MIAMI, FL 33144

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEDINA, PEDRO 5870 SW 8 ST #7 MIAMI, FL 33144
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 04/23/07-80020-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *P Medina* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **3/21/07** **Date** **3078233106** **Daytime Phone #**